
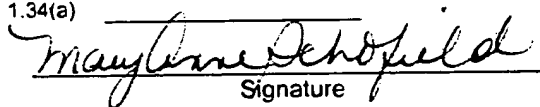


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|---|-------------------------------------|---|-------------------------------------|--|------------------------------|---|----------|---|----------|---|--------------------|--|----------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket No. (Optional) FAPESP 203 | | | | | | | | | | | |
|  | | In re Application of Dr. Adilson Leite | | | | | | | | | | | |
| | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Application Number 09/870,498</td> <td style="width: 40%; padding: 2px;">Filed June 1, 2001</td> </tr> </table> | | Application Number 09/870,498 | Filed June 1, 2001 | | | | | | | | |
| | | Application Number 09/870,498 | Filed June 1, 2001 | | | | | | | | | | |
| | | For: ANTIMICROBIAL PEPTIDES AND METHODS FOR IDENTIFYING AND USING SUCH PEPTIDES | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 2px;">Group Art Unit 1645</td> <td style="width: 60%; padding: 2px;">Examiner Not Yet Assigned</td> </tr> </table> | | Group Art Unit 1645 | Examiner Not Yet Assigned | | | | | | | | | | |
| Group Art Unit 1645 | Examiner Not Yet Assigned | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%;"> <tr> <td style="width: 70%;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="width: 30%; text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ 1,440.00</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>06-2375</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="margin-left: 40px;">Registration number if acting under 37 CFR 1.34(a) _____</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;"> <p><u>May 8, 2002</u></p> <p>Date</p> </div> <div style="text-align: center;">  <p>Signature</p> </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="text-align: center;"> <p><u>07/29/2002 AKELLEY</u></p> <p>Adjustment date: 05/10/2002 RHEBRAH 00000030 062375 09870498</p> <p>01 FC:118 1440.00 CR</p> </div> <div style="text-align: center;"> <p><u>Mary Anne Schofield</u></p> <p>Typed or Printed Name</p> </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> | | | | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ | <input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ 1,440.00 | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ | | | | | | | | | | | | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ | | | | | | | | | | | | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ 1,440.00 | | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ | | | | | | | | | | | | |
| <p><input type="checkbox"/> <u>1</u> forms are submitted.</p> | | | | | | | | | | | | | |

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